

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 580759

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9	1		1			
10		1		1		
11		1		1		
12		2		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17	A		1			
18		1		1		
19		1		1		
20		3		1		
21		3		1		
22		3		1		
23		3		1		
24		3		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35	1		1			
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45	1		1			
46		1		1		
47		2		1		
48		2		1		
49		2		1		
50		2		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
58		1		1		
59		1		1		
60		1		1		
61		1		1		
62	1		1			
63		1		1		
64		1		1		
65		1		1		
66		2		1		
67		1		1		
68		1		1		
69		1		1		
70		1		1		
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6	↓	6	↓		↓
TOTAL DEP.	80	←	63	←		←
TOTAL CLAIMS	86		69			